

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	8/2
O.I.P.E. CLASSIFIER	RSD		8/5/00
FORMALITY REVIEW		65955	9/22
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
10	
25	
31	
32	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	0
8	0
9	0
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	0
17	0
18	✓
19	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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